1: Honigmann E-5 (1943-1945) 1949 ND12 Nahane ND12

by her daughter, Lady Suza, and a foster son, Nitla. With Lady Suza most of the time was her youngest son, Donald. From these relatives Metša received a minimum of care and little compassion. Frequently her fire was permitted to go out and rekindled only after her prolonged moaning and shrieking brought attention. Nitla complained several times of being unable to sleep at night or of being awakened by Old Metša's demands for fire. Old Man too complained of being kept awake by the sick woman's moaning. Because of her lice and uncleanliness, all except Metša's daughter were reluctant to come into contact with the old woman, although on the boat journey to Old Man's place illness and debility made it practically impossible for her to climb into the vessel unassisted. On the boat she sat isolated from the other travelers and most of the time crouched in the prow near the dogs. Early in October everyone in camp left on a hunting trip and abandoned the old woman in camp with only the ethnographer's family. According to Nitla, they went on the hunt only after feeling sure that Old Metša's health was improved, and that she was able to do small things for herself. Four or five days' supply of wood was left, but little food other than sugar, oatmeal, and flour. During this period the old woman once more relapsed into serious illness (perhaps because of too liberally helping herself to sugar, for which she had an inordinate fondness) and was unable to keep her fire going. The wood also became exhausted. Among the last people to return from the hunt was Metša's daughter.

Youth shows little sympathy with the debilities and weaknesses of old age. No courtesies are developed toward the old. So long as a camp contains food, however, a helpless old person will not be allowed to starve. The aged are also entitled to rations provided by the Indian Affairs Branch. Unless there are particularly devoted children, however, it is likely that the standard of living of the very old must go below that of the average member of the society.

Sickness[37]

Sickness is apt to strike at any point along the life cycle and its classification following old age is solely a matter of convention. Here we will deal with those aspects of illness which affect the person's interpersonal relations. The Kaska Indian, with rare reprieves, is forced to live in close association with illness, either his own or that of some member of his family. While all illness is not necessarily serious, concern with symptoms occupies a large portion of the adult's attention. Young people, in contrast, often underestimate the seriousness of sickness.

Little concern with the implications of sickness for the future is manifested, even by those men who are most concerned with their symptoms. Yet incapacitation through illness may have serious economic consequence. Illness in the fall, for example, can prevent hunting and frustrate the accumulation of meat for the winter. If serious ill health occurs in the winter it hinders trapping. The following spring, with insufficient fur, a man can do little more than pay off the credit extended to him the previous year before beginning to run up a new and higher debt. Several men were caught in this vicious circle.

The economic burden resulting from a man's sickness must, in greatest part, be borne

[37] Field work in connection with sickness was greatly aided by the use of Ackerknecht's *On the Collecting of Data Concerning Primitive Medicine* (1943). For other information concerning ideas of sickness and medicine in Kaska society see below pp. 245–246.

1: Honigmann E-5 (1943-1945) 1949 ND12 Nahane ND12

by the individual and his immediate family. A father-in-law and son-in-law may assist each other if poor health strikes, but such assistance is limited to gifts of food or casual labor (cutting a little wood, making an occasional trip to the trap line) and never extends to gifts of money. Problems arising from sickness are shouldered as inevitable, but promote considerable self-pity and despair. A sick person is neither neglected by his spouse or parents nor exceptionally well treated. Illness is generally not catered to, and a sick adult or older child, unless he actively resists, is rarely excused from work. There are, therefore, few satisfactions to be derived from illness, although men often use their symptoms as justifications for inactivity or procrastination. In general people do not remain in bed until they are seriously sick. A patient may sit a great deal or, if an old woman, crouch on the ground, but is slow to lie down.

As far as treatment is concerned, any man or woman may assume the role of therapist, a role conferring little status or prestige. Generally a parent ministers to a child, a husband and wife to each other. There is still a residual belief that certain individuals, particularly older men like River Joe, possess supernaturally derived curative power. This belief, however, serves no important function and such reputed shamans are no longer requested to practice. An incident reported by Old Man illustrates contemporary attitudes. Five or six years ago Willy Wiley accidentally shot himself through the hand. The boy's father, Old Wiley, refused to consider Old Man's resolution to send the boy outside for medical treatment. "Fortune gonna heal it," Old Wiley said, refering to the concept of supernarural power. Old Man replied: "Fortune not gonna help." The latter's opinion prevailed, and Willy was flown to Fort St. John, where the injury was successfully treated. In native therapy, medicine is rarely forced upon an unwilling patient and even adolescents are usually permitted to control their own treatment. Thus Old Man reported that his daughter, Louisa, had been prescribed "T. B. medicine" by the Canadian Air Force physician at Watson Lake Airport. The medicine was given to Old Man with instructions that the girl take it daily. "Doctor tell me, 'Make her take it'." Nevertheless Old Man left it up to Louisa to treat herself. "I don't think she take it yet," he remarked several months later.[87a]

The most important therapy comes from outside the Indian community. Since their stay in the area, the Roman Catholic missionaries have dispensed a limited amount of simple medication, and white trappers also from time to time provide first aid and simple remedies for Indians encountered in the bush. During 1944 and the greater part of 1945, highly qualified medical therapy together with limited hospital facilities were available from Canadian and United States Army physicians, dentists, and nurses who were stationed at Watson Lake Airport to serve the air forces. The facilities for such care were readily used by the Indians until they were withdrawn in the fall of 1945. Several times Canadian and United States doctors made unofficial visits to Lower Post, where they advised patients who sought them out. In January 1945, an United States Army physician parachuted from a plane near Smith River, to help curb a dysentery outbreak that has already claimed the lives of several children. When his work was done, Indians guided him out of the bush to the Alaska Highway.

[87a] Information received during the winter of 1948-49 revealed Louisa to be a patient in a hospital far south of the Kaska area.